

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

JAN 8 1941

43519

1. PLACE OF DEATH

County Shelby
Township Spring Creek
City _____ (No. _____)

Registration District No. 630Primary Registration District No. 5908

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Rosie Selby
(Usual place of abode) Edgar Spys Mo

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>T. H. Selby</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>74</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) <u>year</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana13. NAME No information

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME No information

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT J. H. Selby
(ADDRESS) Edgar Spys

18. BURIAL, CREMATION, OR REMOVAL

PLACE Spring Creek DATE 12/29/194019. UNDERTAKER T. H. Selby
(ADDRESS) Edgar Spys

20. FILED _____, 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 - 194022. I HEREBY CERTIFY, That I attended deceased from 2 yr 19 _____, to Dec 28 - 1940I last saw him alive on Recently, 19 _____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____Other contributory causes of importance: Chronic NephritisName of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. E. B. Miller I. M. D.(Address) Newburg Mo

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FILED MAR 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 435-19

Registration District No. 680

Primary Registration District No. 2908

Registrar's No.

PLACE OF DEATH:

- (a) County Phelps
(b) City or town Spring Creek T.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

3. (a) PRINT
FULL NAME

Rosie Selby

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
apt 74 hr. min.

9. Birthplace. (City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name.

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name. (City, town, or county) (State or foreign country)

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant.

- (b) Address.

17. (a) (b) Date thereof. (Month) (Day) (Year)

- (c) Place: burial or cremation.

18. (a) Signature of funeral director.

- (b) Address.

19. (a) (Date received local registrar) (b) Alpha Capps (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State. (b) County.

- (c) City or town. (If outside city or town limits write "RURAL.")

- (d) Street No. (If rural, give location)

- (e) If foreign born, how long in U. S. A.? years.

20. DATE OF DEATH. Month Dec day 28

- year. hour. minute. M.

21. I hereby certify that I attended the deceased from. 19. to. 19.

- that I last saw him alive on. and that death occurred on the date and hour stated above.

- Immediate cause of death.

- Due to.

- Due to.

- Other conditions. (Include pregnancy within 3 months of death)

- Major findings: Of operations.

- Of autopsy.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).

- (b) Date of occurrence.

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- (Specify type of place)

- While at work? (e) Means of injury.

23. Signature R. E. Brewer (M. D. or other)

- Address Newburg Mo Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-43519